| Effective December 29, 1999 Oglogycol | | | | | | | | | | | | : | |
|--|---|-----------------------------------|----------------------|--------------|--|------------------|---------|--------|------------------------|--------|---------------------|------------------------|--|
| 9/8/CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | | SMAL | L ENTITY | OR | OTHER | | |
| FOR / / | NUMBER FILED | | | NUMBER EXTRA | | | RATE | FEE | 1 | RATE | FEE | | |
| BASIC FEE | | | | | | | | | 345.00 | OR | | 690.00 | |
| TOTAL CLAIMS | 35 | minus : | 20= | . 16 | | | X\$ 9= | | OR | X\$18= | 270 | | |
| INDEPENDENT C | LAIMS | 2 | minus | 3 = | : / | | | X39= | | OR | X78= | | |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | | | | | | +130= | | OR | +260= | | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | | TOTAL | | OR | TOTAL | 960 | |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) | | | | | | | | SMAL | L ENTITY | OR | OTHER SMALL | | |
| ENT A | REM | AIMS AINING TER IDMENT | | Pf | HIGHEST NUMBER REVIOUSLY PAID FOR | PRÉSENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| Total Independent | 1. 5 | 2_ | Minus | •• | | 2 | H | X\$ 9≃ | | OR | X\$18= | | |
| Independent | i C | N OF W | Minus | PENI | | • | $\ \ $ | X39= | , | OR | X78= | | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | " | +130= | | OR | ±260= | | |
| 101-6 | • | | • | | | | | TOT/ | | OR | YOYAL ADDIT, FEE | | |
| 514105 | | umn 1) | | (0 | Column 2) | (Column 3) | | | <u> </u> | 4 | , , | | |
| Total Independent | REN | AIMS IAINING FTER IDMENT | | PI | HIGHEST NUMBER REVIOUSLY PAID FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| Total | 1. 5 | 3_ | Minus | ** | <u> </u> | = ` | H | X\$ 9= | | OR | X\$18= | | |
| Independent FIRST PRES | • ENTATION | ON OF MI | Minus JLTIPLE DEI | PENE | (1) | = | H | X39= | / | OR | X78= | | |
| | | | | | | | ' | +130= | | OR | +260= | | |
| • | | | • | | | | المر | TOTA | | OR | TOTAL ADDIT. FEE | • | |
| | | umn 1) | | _ | olumn 2) | (Column 3) | | | | | | | |
| AMENDA EN LOS TOTAL TOTA | l A | AIMS AINING TER IDMENT | | PF | HIGHEST NUMBER REVIOUSLY PAID FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| Total | Ŀ | | Minus | •• | | 8 | | X\$ 9= | | OR | X\$18= | | |
| Independent | 1 | | Minus | *** | | = | ll | X39= | 1 | OR | X78= | | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | | +130= | | OR | +260= | | |
| " If the entry in column 1 is less than the entry in column 2, write "o" in column 3. TOY. This The Highest Number Previously Paid For IN THIS SPACE is less than 20, enter 20. | | | | | | | | | | OB I | TOTAL | • | |
| The "Highest Nu | "If the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | | |
| OSM PTO 475 | | | | _ | | | _ | | | | | لسسم | |

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Putert and Trademark Office U.S. DEPARTMENT OF COMMERCE

Application or Docket Number